GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

STARRED QUESTION NO:125
ANSWERED ON:26.02.2003
CHIEF MINISTERS` MEETING ON POPULATION CONTROL
AJAY CHAKRABORTY;CHANDRA BHUSHAN SINGH

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Union Government had held any meeting of the Chief Ministers of some States to discuss and review their slow performance in implementing the Population Control Schemes in their States;

(b) if so, the details of the discussions held alongwith the conclusions arrived at;

(c) whether population control constitutes one of the objectives of Tenth Plan; and

(d) if so, the details thereof?

Answer

MINISTER OF HEALTH AND FAMILY WELFARE AND PARLIAMENTARY AFFAIRS (SMT. SUSHMA SWARAJ)

(a)to(d): A Statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 125 FOR 26.2.2003

The Prime Minister held a review meeting with the Chief Ministers and Health Ministers of four States of Bihar, Uttar Pradesh, Madhya Pradesh and Rajasthan on 16th January, 2003 to discuss the issue of Population Stabilization in these States and to motivate the political leadership. The following strategy was decided at the end of the meeting:

(i) All the vacant posts of important health care functionaries like ANMs, medical officers, etc. should be filled up on a priority basis. Adequate training should be given to all these functionaries immediately after their recruitment. Similarly, there should be visible improvement in the quality of health services. Towards this end, all the infrastructure gaps should be removed in a time-bound manner.

(ii) Population stabilization, Health and Family Welfare should be made a People`s Movement with the widest possible participation of all the institutions of civil society, especially voluntary organizations and cooperative bodies in these four States. The States are especially urged to make all programmes gender sensitive and make women`s empowerment central to their strategy.

(iii) Mobilize all the available media outlets, both governmental and privately owned, to launch an effective and sustained communication campaign to create mass awareness about issues of population, Health and Family Welfare and gender justice.
Through the above strategy, it is proposed to achieve the following monitorable targets identified for the Tenth Five Year Plan:

- Reduction in the decadal rate of population growth between 2001 and 2011 to 16.2 percent in relation to population;

- Reduction of Infant Mortality Rate (IMR) to 45 per 1000 live births by 2007 and to 28 by 2012;

- Reduction of Maternal Mortality Ratio (MMR) to 2 per 1000 live births by 2007 and to 1 by 2012.

It has been agreed that the Chief Ministers will review the progress of the Family Welfare program, on a monthly basis, as per identified action points (Annexure). PM will hold regular meetings with the Chief Ministers to review the progress of these four States.

ANNEXURE

Points for Action

1. Filling up of vacant posts of ANMs, additional ANMs, Lab Technicians and Medical Officers, in Sub-Centres, PHCs and CHCs.

2. Maintain only four ANM registers and to orient medical officers at PHCs for their maintenance.

3. Identify eligible couples with two or more children for permanent methods of contraception at sub-centre levels.

4. To fix a day for family planning clinics at all district, sub-district, CHCs and PHCs and to ensure that all qualified doctors are doing

family planning operations.

5. To promote usage of IUD and condoms among eligible couples by ANMs.

6. To organize monthly RCH camps at all PHCs.

7. To prepare action plans at sub-centre levels for providing family planning and RCH services as per assessed community needs.

8. To train medical officers in PHCs and make them accountable.

9. To fix village wise monthly immunization day which shall be managed jointly by ANM, Anganwadi worker and the Village Panchayat Pradhan.

10. To place imprest money with ANM and Anganwadi workers for Referral Transport Scheme and National Maternity Benefit Scheme.

11. To fill post of consultants at State and District levels on a priority.

12. To allot sub-centres and PHCs to NGOs and private sector institutions, wherever the public health system is not functioning properly.